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A CASE OF PATENCY OF THE FORAMEN OVALE, WITH CONSIDERATIONS UPON DIAGNOSIS.

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[Translated from the "Wochenblatt der Zeitschrift der k. k. Gesellschaft der Aerzte in Wien," No. 43, 1862, by B. JOY JEFFRIES, M.D., Boston.]

It is generally considered that patency of the foramen ovale produces no disturbance of the circulation so long as the valvular apparatus of the heart remains intact (Rokitansky, Bamberger, Meckel, Bizot), and mingling of the blood through the opening only takes place when impediments to the circulation are caused by anomalies of the large vessels or diseased conditions of the valves and entrances. According to the peculiar anomaly of the heart, the blood flows from right to left or from left to right (Corvisart, Bamberger).

A case in support of this opinion appears to me worthy of record, as similar cases do not often come under observation, and I can, moreover, point out in connection a cause for the venal pulse, not yet observed, so far as I know.

March 11th, 1862, there was received in the third medical ward of the general hospital, a woman, æt. 49, Catholic, married, day-laborer, born in Bohemia. The patient stated that in the beginning of the winter of 1861 (November) she had been sick with rheumatism, and since that time had suffered with thoracic troubles, such as shortness of breath, cough, and palpitation. These symptoms had grown very much worse during the last few weeks, and cyanosis and dropsical swelling of the feet and abdomen had come on. The patient knew nothing of any former attacks of disease, and said she had not previously suffered from cough, palpitation, or cyanosis, having been several times confined without disturbance of her general health. The patient was strongly built, pretty well nourished, and the muscular system well developed, the face perfectly cyanotic, the veins of the neck distended to twice their usual calibre, swelling out, and a pulsation perceptible in them synchronous with the systole.

Examination of the chest disclosed double pleuritic exudation and

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severe bronchial catarrh. Dulness over the region of the heart extended on all sides, the impulse plainly perceptible to the touch between the sixth and seventh ribs, outwards from the mammary line. Auscultation gives a loud systolic murmur, most strongly heard at the apex, and a weak, indistinct second sound. Over the lower end of the sternum no murmur is heard, but two feeble sounds. A strong accent on the second pulmonary sound. Sounds of the aorta clear. The liver projects three fingers' breadth under the curve of the ribs. Abdomen distended, fluctuating. Lower extremities œdematous. Great dyspnœa. Pulse over 100, but small. Urine without albumen.

From this *status præsens* it was evident that decidedly impeded circulation was causing dropsical effusions, the immediate cause of which was an evident insufficiency of the bicuspid valves.

The cyanosis of the face was so great, the swelling of the jugular veins so marked, and moreover a regurgitation of the blood through them so evident, that some other explanation of these phenomena was necessary than simply mitral insufficiency.

Insufficiency of the tricuspid valves, which would have given a ready solution, could not be discovered, for, as above remarked, I heard, to my astonishment, over the right ventricle no murmurs, but sounds.

The pressure of the pericardial exudation upon the auricle did not seem to me sufficient explanation, for although it generally causes a systolic swelling of the veins, no regurgitation of the blood is thereby caused.

Abnormal contraction of the auricle did not seem supposable, for then the regurgitation would not be synchronous with the systole.

Finally, I thought of congenital malformation of the heart, but this did not appear possible, as the patient had not previously suffered from cyanosis, and was well built and developed.

The explanation of these phenomena remained, therefore, *in suspensio*, till the patient died, on the 20th of March, 1862.

The *post-mortem*, made on the 21st of March, by Dr. Schott, assistant of Herr Hofrath Rokitansky, gave the following result.

Jugular veins on both sides greatly dilated, filled with dark fluid blood. Mucous membrane of the air-passages reddened. Bloody mucus in the air-tubes.

In the right pleural cavity six, in the left five pounds of clear yellowish fluid.

The lungs vesicular. The upper lobes rich in pigment. The lower lobes dry and free from blood, in the left the bronchi dilated, the mucous membrane reddened and covered with viscid mucus. In the pericardium half a pound of clear serum. On the outer wall of the pericardium extensive patches of tendon and band-like pseudo-membrane; the same over both ventricles, and especially over the right auricle. The heart enlarged, chiefly from active dilatation of

the right ventricle. Substance of the heart in the left ventricle pale brown, soft, easily tearing; in the right, hard and having a fatty polish.

The mitral valves thickened on their free edges, the chordæ tendinæ and insertion-borders rather delicate; the other valves and openings, including the tricuspid, not altered.

The valve of the foramen ovale is imperfect; it ends anteriorly in a crescent, forming, with the anterior portion of the isthmus, an opening which admits the end of the little finger.

In the abdominal cavity several pounds of serous fluid.

From this examination, I think the symptoms during life may be thus explained.

The congenital defect of the valve of the foramen ovale caused, in this case, no cyanosis up to the time of the patient's illness. No communication of blood took place in the auricles whilst the valves acted normally, the pressure in the two arteries causing an equilibrium which prevented the passage of blood from one chamber into the other.

The endocarditis which the patient had at the commencement of the winter caused insufficiency of the mitral valve, producing increased pressure in the left auricle, so that not only was there obstruction to the pulmonary circulation, but a certain amount of blood was pressed into the right auricle through the foramen ovale, proportionate to the relative pressure in the two auricles and the size of the opening. Herein must lie the cause of the great degree of cyanosis, and the evil effects upon the circulation of the mitral insufficiency were thus very much increased.

The passage of the blood must have occurred during the ventricular systole, for the difference of pressure in the two auricles would be at its height during this time. The blood streaming from the left into the right auricle must have caused obstruction to that flowing from the venæ cavæ, and so produced in it an impulse in centrifugal direction, thereby giving rise to the systolic venal pulse. In order to produce a systolic venal pulse in such a case, the abnormal opening must be of a certain size, and the contraction of the heart sufficiently energetic. The amount of blood forced through a very small opening could not be capable of producing this phenomenon.

From this observation it would seem that the appearance of a venal pulse is not of itself sufficient to prove the existence of tricuspid insufficiency, for the former may occur under circumstances similar to those in the above case.

*April 1, 1863.*

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DURING the year 1861 and the first six months of 1862, 5113 coroners' inquests were held in England and Wales, the metropolitan district having 1549. In one county, Merioneth, no inquest was held.

## HOSPITAL NOTES AND MEMORANDA.

BY J. BAXTER UPHAM, M.D., SURGEON IN CHARGE OF STANLY GEN. HOSPITAL.

*Additional Cases illustrative of the Cerebro-spinal Affection occurring in and around Newbern, N. C.*

THE two cases immediately following are reported by Assist. Surg. J. B. Treadwell, having been received in the wards under his care.

CASE IX.—Private J. W. M., aged 21, was admitted to Hospital on the 17th of January. No notes of disease during its progress have been preserved. The disease was sudden in its attack and severe in its manifestations, and ran its course rapidly, terminating in death on the 20th, three or four days subsequent to its onset.

*Autopsy.*—Body of medium size; muscular development good.

*Head.*—Upon removing the calvaria, the surface of the cerebrum beneath the arachnoid was found to be covered with a questionable lymph, most abundant along the longitudinal fissure and in the sulci between the hemispheres, and a larger deposit at base of cerebellum, between its lobes, as well as over its surface. This deposit is of a pale greenish yellow, and diffuent upon raising and loosening the membranes. Free deposit also at the crossing of the optic nerves and along the origin of the nerves generally. Pia mater beneath appears normal. Similar lymph-like matter observed in the posterior corner of left ventricle. *Chest.*—Pericardium normal. Firm clots of fibrine in the cavities of the heart. Valves, with the exception of apparently old indurations of mitral valves, normal. *Abdomen.*—All organs healthy. Peyer's patches indistinct.

CASE X.—J. Y., a private, aged 22, was admitted to Hospital January 14, 1863, at which time his regimental surgeon, Dr. Ware, gave the following statement of his case: "Congestive attack yesterday morning, with intense headache, vomiting, &c. Cupping to the extent of five ounces. Quinine, forty grains in twenty-four hours, with half a drachm of whiskey every two hours. Has had two drops of veratrum viride. Much easier this morning."

Symptoms, on admission, were as follows:—general expression of countenance not anxious, mind clear; pupils slightly dilated; skin moist and cool; pulse 86, regular and moderately full; respiration 24, and slightly labored; tongue moist, slightly furred in centre; abdomen natural; bowels regular. To take, at night, five grains of quinia every hour, and ol. terebinth. twenty drops in emulsion every three hours.

Jan. 15th.—Had some headache; pulse 86, not very full; tongue moist; skin moist and cool; complains of pain in legs.

16th.—Pulse 96, rather fuller than yesterday; tongue moist and dark, furred in centre; respiration 26, rather labored; general surface natural. Treatment continued. P. M., appeared better; pulse 90; slight headache.

17th.—Pulse 100; slight delirium since ten o'clock, A.M.; two dejections since yesterday; respiration 22, quiet. Treatment continued.



18th.—Pulse 90, rather weak; tongue moist and clear; one dejection; abdomen normal; mental condition good; in all respects apparently better. Wine, one ounce, every three hours.

19th.—Better. Continue treatment.

20th.—Pulse 84; tongue moist; respiration quiet. Treatment continued.

29th.—Until the 29th continued to improve rapidly. On this day pulse 160, quick and full; severe headache; respiration embarrassed; tongue dry; bowels regular. Sinapisms to back of neck, and mustard foot bath.

30th.—Has been delirious since visit last evening; slept very little during the night; pulse 120; tongue dry and darkly furred; respiration 26; two dejections since yesterday. Mustard foot bath. *R.* Equal parts (3 ij.) of fld. ext. valerian and aqua camph. every three hours.

31st.—Much the same as yesterday, although delirium less marked. *R.* Whiskey, 3 i., every two hours, in addition to wine.

Feb. 1st.—Mind quite clear; countenance anxious; pulse 120, rather weak; strabismus of right eye (convergent); complains of headache; had slight diarrhoea, which came on during the night. Continue treatment; opii et plumbi acet. to be added.

2d.—Appeared somewhat better than yesterday. Treatment continued.

3d.—Died rather suddenly at 3, P.M., without any symptoms of exhaustion.

*Autopsy*, nineteen hours after death. Body of medium size, but little emaciated. Considerable rigor mortis. *Head*.—Brain firm and of natural consistency. Some cloudiness of arachnoid and slight deposit of lymph between convolutions on superior portion of cerebral hemispheres. Inferior aspect of cerebellum and medulla oblongata covered by a layer of lymph, averaging one sixth of an inch in thickness, and situated beneath the arachnoid, firm, like ligamentous structure. About one ounce of fluid in left lateral ventricle, in which were floating small flocculent masses, and at its posterior cornua was found about one drachm of purulent matter. Same appearance observed in right ventricle to somewhat less extent. *Thorax*.—Heart normal. Lungs healthy; very slightly congested at posterior portion. All the organs of the abdomen were healthy.

CASE XI.—A. W., a private, aged 20 years. Occurred in the wards under the care of Dr. H. W. Siddall, Asst. Surg. 35th Penn. Patient was brought into Hospital on Tuesday, March 17th. Previous history of the case, gathered from his comrades, is that—

March 16th, 1863.—Was taken with a chill and vomiting the night before, while on picket duty, having recently returned from a fatiguing march of 60 miles in two days. Complained of headache and pain in limbs; some fever.

17th.—Very restless during the night, much tossing about; be-

came delirious this morning, with continued anorexia. Was received into Hospital about 11 o'clock, in a moribund condition, collapsed and pulseless; cold and livid skin, and insensible; tossing about with much violence; purpural spots covering a great part of legs and body; lips livid and covered with black sordes; could not open his mouth sufficient to see his tongue; the tip was moist, however. He was ordered a stimulating mixture of carbonate of ammonia; was well washed and rubbed.

7, P.M.—Much in same condition; extremely restless. Directed sinapisms to legs, wrists, &c. To take whiskey and quinine, with a portion of morphine every hour. It was with much difficulty he could be made to swallow the medicine. Continued violently restless until 11 o'clock, P.M., when he died, in a prone position.

*Sectio Cadaveris*, twelve hours after death. Body well developed; no emaciation; almost covered with purpura. Rigor mortis great. *Head*.—Upon opening the head, and removing the dura mater, the brain was seen covered with a layer of lymph, pervading the arachnoid membrane throughout; also, to a less extent, about the base of the cerebellum, medulla oblongata and the origin of the nerves of sense. Lymph was also seen to some extent in the lateral ventricles at the posterior part, and also a fungoid growth appeared, attached to the floor of each ventricle, being each about fifteen lines long and four lines thick. The spinal cord was examined to the extent of about three inches, which was found apparently healthy, with no appearance of extravasated lymph. *Chest*.—The heart was larger than natural, but without any signs of diseased structure. The cavities, however, were found filled with firm lymph, of a bright lemon color—the right auricle containing a complete cast of the cavity, with a prolongation into the superior vena cava. The lungs were congested throughout, but otherwise healthy; crepitant. The pleuræ exhibited no signs of disease. *Abdomen*.—Liver about one half larger than natural, somewhat congested, but otherwise healthy. Spleen somewhat larger than natural, congested and much softened. Kidneys healthy in appearance, with a small quantity of fluid lymph in the pelvis of each. Stomach and bowels healthy. No disease of Peyer's patches.

CASE XII.—The following case occurred in regimental hospital, the account of which, during its progress, was furnished by Dr. Kneeland, Surgeon of the regiment. The autopsy was made here, by Assist. Surgeon Treadwell.

Private W., aged 31, had enjoyed the most robust health since coming to this Department, and would be selected among his comrades as one of the healthiest and strongest men in his company; stature was short, and form robust; had become quite fleshy since entering the service.

Jan. 11th.—Was on duty all day, Jan. 11th. At night began to feel unwell, and went to the hospital at midnight to get medicine for

headache. *R.* Sp. ætheris comp., 3 ss. Had severe chill later in night, with severe headache and "pain in bones."

12th.—Much the same as in night. *R.* Hyd. chlor. mit., gr. x.; quinia sulph., gr. x. *M.* Dejection in a few hours; headache not relieved; skin hot; pulse weak, not much accelerated; tongue dry; not much thirst; no cough. Cold applications to head. *R.* Potas. nit., gr. x.; pulv. ip. et opii, gr. v.; capsici, gr. v.; quinia sulph., gr. iij. *M.* Wrapped in blankets. Perspired freely, and expressed himself at night as having less pain, although headache continued undiminished. At 8, P.M., had *R.* Spts. ætheris comp., gtt. xxv.; liq. morph. sulph., 3 i. *M.* Cold applications to head, and warmth to body by means of blankets. At midnight, comatose; eyes open, pupils insensible to light—one dilated, the other natural; large ecchymoses on upper surfaces of globes, under sclerotic apparently; impossible to arouse patient; respiration not stertorous, and performed through the tightly-shut teeth in a hissing manner; no convulsions or rigidity, with exception of obstinate closure of jaws; head very hot; pulse 125, moderately strong, compressible; occasional uneasiness, but no evident agitation; skin natural; no vomiting or chills. Enema of turpentine, no dejection following. Sinapism to abdomen. Hot foot-bath. Brisk rubbing of whole body with ol. terebinthæ for half an hour. Turpentine enema repeated. Urine passed involuntarily; paralysis of sphincter ani. These remedies seemed to be useful in bringing down the frequency of the pulse and increasing its strength. The respiration and facial expression became more natural, and the lids were frequently closed. Friction over surface continued; also repeated doses of hyd. chlor. nit. and quinia sulph. to be given.

Jan. 13th.—At 2½ o'clock, A.M., Jan. 13th, the respiration became slow and interrupted, the pulse fell, and death quietly took place.

*Autopsy*, fourteen hours after death. *Head*.—Vessels of cephalic membranes containing more than normal amount of blood. Entire cerebral mass less firm than natural; marked softening of superior portion of left cerebral hemisphere. *Thorax*.—Heart larger than normal, less firm than usual. Right cavities contained a large amount of dark colored fluid blood. Left lung considerably engorged with dark-colored blood and frothy serum, most marked in posterior lobe. Right lung; posterior lobe very much congested; small portion of anterior lobe healthy. Both lungs crepitant. *Abdomen*.—Liver nearly twice its normal size and weight; large venous vessels very much engorged. Texture of a pale yellowish color and more friable than usual. Imparted a greasy stain to paper, and, after being slightly dried, burned with readiness. No question about its being in a state of complete *fatty degeneration*. Spleen normal, with exception of some congestion. Kidneys one half larger than natural. Other abdominal organs healthy. Body well formed and in good

condition. Conjunctivæ injected, and in some places presenting the appearance of ecchymoses.

The cases which follow were received into the "Academy Hospital" at Newbern. The notes in regard to them have been kindly furnished me by Dr. Clayton A. Cowgill, U.S.V., Surgeon in charge, under whose immediate supervision the cases were treated and the record of them drawn up.

CASE XIII.—F. D., aged 23 years, a deck-hand on steamer Pawtuxent, was admitted Dec. 20th, 1862, with well-marked symptoms of inflammation of the brain—violent excitement, with contracted pupils, pulse not much quickened, tenderness at nape of neck. He was cupped, blistered and treated principally with calomel and ipecacuanha. In about three weeks he exhibited marked symptoms of improvement, although with mind confused. About this time the iodide of potassium was used in his case. After being much better for a week, sitting up and giving rational answers, in most instances, he became suddenly worse, and soon sunk into stupor, and died on the 24th of January, 1863.

*Post-mortem* examination exhibited great injection of pia mater, deposits of yellowish lymph along the sulci of the upper surface of hemispheres, and a thicker deposit of apparently plastic purulent matter over the pons Varolii and medulla oblongata; two ounces of serum in the lateral ventricles. The spinal column was not examined. The thoracic and abdominal organs were all healthy.

CASE XIV.—E. F. W., a private, aged 18 years, was admitted Friday, Jan. 30th, 1863. Had a slight chill yesterday afternoon, and became suddenly and violently delirious in the evening. Upon admission, pulse 90, full; very delirious; tongue clean and moist; contraction of muscles of back of neck, throwing the head far back; nape of the neck tender to the touch.

Applied wet cups to nape of neck and a mustard plaster over entire spinal column, and gave calomel gr. ij. and ipecac. gr. ʒ, every two hours. His condition continued about the same until Monday, Feb. 2d, when he began to sink, and died Tuesday, Feb. 3d, at 6, A.M.

*Post-mortem* exhibited extensive engorgement of bloodvessels of the brain, and a deposit of lymph over upper surface of hemisphere of cerebrum and cerebellum. Some effusion in the ventricles—thoracic and abdominal viscera healthy.

CASE XV.—H. G. L., a private, aged 21 years, admitted Feb. 2d. In perfect health until this morning, when he complained of chilliness, and was soon after violently delirious. Brought into the Hospital at once. Pulse 85, full. Skin moist, and tongue clean and moist.

Applied cups to nape of neck and mustard plaster to spine and extremities, and gave quinine gr. iij., and cal. gr. ij., every three hours; two comp. cath. pills at bedtime.

Feb. 3d.—No change. Continue medicine.

4th.—Pulse 90; other symptoms the same. Stop quinine and give calomel gr. ij. and ipecac. gr. ss. every two hours.

5th.—Decided opisthotonos; head at right angles to body. Continue medicine; applied ice to head, with hair closely cropped, and cups to back of neck.

6th.—Ice apparently not comfortable to the patient—discontinue its application. Pulse 120 and feeble. Continue medicine, and give whiskey  $\frac{3}{4}$  i. in  $\frac{3}{4}$  iv. of milk every three hours.

There was no permanent improvement in this patient's condition; pulse continued quick and feeble, mind wandering—frequently dwelling upon several subjects. The rigidity of the muscles of the neck relaxed about the end of the second week, for a day or two, but gradually returned. He died Feb. 24th.

*Post-mortem.*—Sinuses filled with black blood, which poured forth freely. More diffused redness of the pia mater of cerebrum and cerebellum than in any case examined. Three ounces of serum in the ventricles; medulla oblongata covered with deposit of yellowish lymph (?) two lines in thickness; some softening of the substance of the brain; effusion of yellowish serum in sheath of spinal cord, and the cord completely enveloped in a deposit (one-fourth of an inch thick), similar in substance to that upon the medulla oblongata.

CASE XVI.—J. D. M., a private, admitted Feb. 4th, was taken sick the day previous. When admitted was violently delirious—pulse 80, feeble. Applied cups to neck, mustard to spine, and turpentine enema; and gave cal. gr. ij., and ipecac. gr. ss., every two hours. He died early in the morning of Feb. 6th, without any amelioration of symptoms.

*Post-mortem* showed injection of vessels of pia mater, deposit of lymph over sulci of hemispheres and over medulla oblongata and pons varolii. Congestion of pia mater of spinal cord, with some effusion in sheath near lower dorsal vertebrae.

CASE XVII.—E. H. B., corporal, aged 23 years, was taken sick early in the morning of Feb. 11th; was admitted into Hospital in the evening. Pulse 106; respiration hurried; pupils natural; tongue dryish; great headache; skin moist.

Applied cups to back of neck, mustard plaster over spine, and turpentine enema. Gave calomel gr. v. At 11, P.M., quinine gr. ii. and cal. gr. v. were given.

Feb. 12th, 4, A.M.—Condition the same. Repeat the quinine and calomel. 9, A.M., pulse 96; tongue furred white in centre, with brownish streaks upon sides; face and skin moist. Ordered 6 grs. quinine to be given at once, and gr. ij. of cal. and one-fourth of a gr. of ipecac. every two hours. 6, P.M.—Pulse 106; skin moist; bowels freely opened. Ordered two grs. quinine at 9, P.M., and 6, A.M., to-morrow. Omit the calomel and ipecac. 8, P.M.—Pulse 90, variable; mind very confused.

Feb. 14th, 9, A.M.—Pulse 80; tongue dry and brown; pupils contracted; conjunctivæ injected. Blister to nape of neck. Continue medicine. 6, P.M.—No change.

15th.—Pulse 130, feeble; perspiring freely; low muttering delirium. Died at 10, P.M.

16th.—*Post-mortem*. All the sinuses gorged with black blood; pia mater highly injected; one ounce of serum in lateral ventricles; deposit of lymph over entire surface of cerebrum, cerebellum, medulla oblongata and spinal cord; purulent serum in sheath of cord; thoracic and abdominal viscera healthy.

CASE XVIII.—A. A. D., corporal, aged 19 years, was taken sick with headache and chilliness, the evening of Feb. 10th; admitted into Hospital Feb. 11th, violently delirious. Pulse 90, and feeble; countenance pale; pupils contracted; skin moist; tongue furred and moist. Cups to back of neck; mustard to spine; turpentine enema. Gave whiskey  $\frac{3}{4}$  ss. in milk, *pro re nata*, and five grs. calomel. 11, P.M., gave quinine gr. ii., and cal. gr. v.

Feb. 12th, 4, A.M.—Repeat calomel and quinine. 9, A.M.—Pulse 104, stronger; bowels well opened; skin moist; eyes natural; tongue dry in centre; headache. Ordered six grains of quinine to be given immediately; and cal. gr. ii., ipecac. one-fourth gr., every two hours. 6, P.M.—Pulse 90, stronger. Quinine gr. vi., at 9 o'clock, P.M., and 6, A.M. to-morrow. At midnight, very restless and violent. Gave one drachm sol. morph.

13th.—Pulse 88; continue medicine.

14th.—Pulse 96; very restless and violent; tongue swollen and dry; throat slightly reddened; pupils contracted. Ordered cups to back of neck, to be followed by blister. 6, P.M.—Pulse 100. No change in symptoms.

15th and 16th.—Pulse 120, feeble; mind very dull; pupils dilated. Half ounce whiskey in milk every three hours.

17th.—The patient died.

18th.—*Post-mortem*. Sinuses of brain gorged with blood; pia mater uniformly injected; the usual deposit of yellowish lymph over cerebrum, cerebellum, pons varolii and medulla oblongata, and around spinal cord; effusion of serum in ventricles, with some pus; yellowish fluid in sheath of cord.

CASE XIX.—C. H., private, aged 18 years, was taken sick the morning of Feb. 17th, and admitted into the Hospital at 6, P.M., the same day. Pulse 90, and full; perfectly unconscious, very restless, constantly throwing himself about, requiring three men to hold him in bed; no moaning or utterance of any kind; skin natural; pupils natural. Bled him 24 ounces; blood very black; pulse became stronger under the bleeding—no symptoms of fainting. Became quiet twenty minutes, when he jactitations became as violent as before. Gave turpentine enema and opii et camph. aa gr. ii. and cal. v., which was immediately rejected. At 8 o'clock, repeated the

powder, when it was retained. Very violent muscular actions; pulse 86, and strong. The bandages became loosened, and permitted 16 ounces of blood to flow, the patient being held upright in bed. No evidence of syncope, no lessening of muscular action. Ordered two grains of calomel every two hours, and one grain of opium at 11 o'clock and 2 o'clock, if not quiet.

Feb. 18th, 8, A.M.—Same excitement continued all the past night. Pulse 90, and feeble. In the afternoon his strength declined, and at 8, P.M. he died, thirty-six hours after first appearance of disease.

*Post-mortem.*—All the bloodvessels of the brain highly injected; abnormal adhesion of dura mater to skull along longitudinal sinus; a cloudiness of entire surface of cerebrum and medulla oblongata; one ounce of effused serum in ventricles; choroid plexus very much injected; pia mater of spinal canal very much injected; turbid serum in lower part of canal, and evidences of inflammatory action along entire cord.

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#### ON THE TREATMENT OF PLEURISY AND ENDOCARDITIS BY IODURATED FRICTIONS.

BY PROF. DELIOUX.

ALL those who have traced the progress and watched the tendencies of pleurisy know with what obstinacy the plastic exudations produced by the inflammatory process often persist. The pleuritic false membranes are not in general liable to a spontaneous and speedy resorption: by their mere presence they interfere with the normal functions of the organ in the interior of which they are formed, and secondarily with the functions of the lung which depend in part on the integrity of the pleura. By multiplying the surfaces of exhalation they are a frequent cause of those secondary effusions which complicate pleurisies which were originally dry; finally, they are converted into adhesions, which at the end of a certain time are organized and become irremediable. It is, then, of the greatest importance to disembarass the patients as soon as possible of intra-pleural false membranes; but their disappearance is not always readily brought about. Amongst the therapeutic means employed with this intention successive blisters present undoubted advantages, but when they fail they must be replaced by other remedies. M. Delieux has then recourse to topical applications of iodine, and they have been attended with a success which he thinks worthy of being recorded.

He employed in the first place tincture of iodine, but in the majority of cases it seemed insufficient. He then tried iodurated pomades, and they proved much more efficacious. In the circumstances under consideration, the "hydriodated pomade" of the pharmacopœia, which contains one eighth part of the iodide of potassium, is not active enough; accordingly, in the first place, he orders the addition of fifteen grains to the ounce. If the desired effect is not produced, he increases the quantity both of iodine and of iodide of potassium; and the formula which he in general finds most useful is the following:—



Iodine, half a drachm; iodide of potassium, two drachms; axunge, an ounce. This combination of iodine and iodide of potassium is very active; it speedily irritates the skin, and for this reason must be employed with some caution, especially in the case of those whose skin is susceptible and delicate; but it leads to the introduction of appreciable quantities of iodine into the system more certainly than any other topical application of iodine. In order, however, to obtain this desirable result, on which the efficacy of the treatment chiefly depends, two rules must be attended to in practising the frictions: 1st, To clean the skin perfectly by a preceding friction, in order to remove everything which could prevent the absorption of the drug; 2d, To rub strongly, during at least five minutes, in order, as it were, to force the door, somewhat difficult to open, of cutaneous absorption. The frictions ought to be made around all the surface corresponding to the affected portion, indeed exceeding its limits. Two frictions, one in the morning, another in the evening, suffice. Over the layer of the iodurated ointment, left after the friction, a sheet of cotton wadding is applied, and over this a piece of oiled silk; and the whole is kept in position by a bandage round the body. This mode of dressing has the double advantage of preventing the bedclothes and the patient's linen from being marked by the almost indelible stains of the iodine, as well as of favoring the absorption of the remedy. When the frictions sensibly irritate the skin, they are to be suspended during the time necessary for the subsidence of the irritation, and they are resumed as soon as possible, leaving as few intervals as may be in a treatment the success of which is much favored by its continuousness.

M. Delioux has met with twenty cases where this mode of treatment has triumphed over intra-pleural exudations, some of which succeeded acute pleurisies, the others, in smaller numbers, having existed for a greater or less period of time, and constituting chronic exudative pleurisy. The treatment has lasted from fifteen days to two months: fifteen to twenty days have generally been sufficient to obtain the absorption of false membranes determined by an acute pleurisy. The most tedious case was one where the treatment extended over two months, where the patient had had an inflammation of both pleuræ, and where there was loud and extensive pleuritic friction, but which disappeared completely, leaving the membranes perfectly free. The action of the frictions was followed day by day by auscultating the patients. The diminution, and finally the complete disappearance of the rubbing sound, could thus be distinctly traced.

M. Delioux has applied the same treatment to some cases of pericarditis, but without obtaining any decisive results. He thinks, however, that pericardial false membranes, when they are not extensive, and are situated near the apex of the heart, may be efficaciously treated by the same means. He has, however, had every reason to be satisfied with the results of this treatment in the case of endocarditis following articular rheumatism. In two cases, among others, perseveringly treated by iodurated frictions over the pericardial region, the blowing murmur completely disappeared, and apparently there was resolution of the endocardial lesion which had given rise to it. This result is important when we consider the difficulty which is often found in effacing every trace of the secondary lesions occasioned by rheumatic endocarditis. In this case, no doubt, blisters are very useful, as well as

in pleurisy; but when they do not succeed, M. Delioux recommends to have recourse to iodurated frictions, which appear to favor resolution.

M. Delioux endeavored to determine whether the internal use of iodine in exudative pleurisy and endocarditis would increase the effect of the topical applications. It appeared to him, at least in the first of these conditions, that the internal administration of iodide of potassium was of use; the resolution of the pleuritic false membranes took place with no greater rapidity than in the case of those submitted simply to the topical applications. It appears, then, that in certain circumstances medicines develop greater activity of action when they arrive directly at the affected organs by the local circulation. The topical employment of iodurated applications in the case of inflammations of the serous membranes situated near the periphery of the body, is a practical consequence of this peculiarity of absorption.—*Edinburgh Med Journal*, from *Bulletin Général de Thérapeutique*, and *Gaz. Médicale de Paris*, 17th January, 1863.

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MARCH 9th.—*Sudden Death from fatty Disease of the Heart.*—Dr. GAY reported the following case:—

A man, 30 years old, of intemperate habits, sprained his knee, two weeks ago, by slipping in the street. There was pain and some swelling, for which Dr. Gay ordered leeches and a poultice. The patient seemed to be doing well, and Dr. Gay saw him for the last time on the 6th inst. This morning he was sent for at 5 o'clock, and found the patient dead. He had been as well as usual the previous evening, but at midnight he was attacked with distress in breathing and a feeling of choking. There were no chills, and no cramps. Dr. Gay learned that since his accident he had drunk a bottle of whiskey daily.

Dr. ELLIS showed the heart of this patient. The pericardium contained from one to two drachms of turbid serum. An irregular, thin, white patch was seen upon the anterior surface of the right ventricle, but nothing which indicated recent disease. The heart contained a large quantity of liquid blood and some small coagula. The adipose tissue of the wall of the right ventricle had so encroached upon the muscular substance that only a very thin layer of the latter remained. On making incision in various parts of the wall, which retained their usual thickness, many points were found to be occupied by adipose tissue. A few isolated points of the same character also existed in the walls of the left ventricle. The liver was quite large, of a light red color, very friable, and contained a very large amount of fat. The kidneys were unusually vascular, the Malpighian bodies being very distinct. To the naked eye the cortical substance appeared sufficiently healthy. On microscopic examination, the tubuli were found so filled with granular matter that no appearance of a canal remained. The lungs, with the exception of some ecchymosis beneath the pleura, were healthy. Other organs normal.

Dr. CABOT said he was called in the night to an intemperate married woman, 24 years of age, who, while conversing with her husband, suddenly became silent and was found to be unconscious. She never revived, and was dead when Dr Cabot reached the house. She had just recovered from an attack of pneumonia.

Dr. ELLIS, who made the autopsy, said, the posterior part of the right lung was congested and friable. The adipose tissue of the right ventricle had encroached upon the muscular substance in the same way as in the other case, and the fibrillæ also contained many fat globules. The liver and kidneys resembled so closely those previously described, that a repetition is unnecessary.

These cases, which resemble each other so closely, are interesting on account of the age of the patients, both being younger than those who usually die with fatty degeneration of the heart. Both were intemperate, and had the same disease of the liver and kidneys.

Dr. HODGES said he had been called, a few nights ago, to see a gentleman, 70 years old, who was temperate, regular in his habits, active and stout, and in perfect health, except some slight dyspeptic symptoms and some irritability of the bladder, probably from an enlargement of the prostate gland, which obliged him to pass water two or three times during the night. On this occasion he rose, as usual, took the vessel, but immediately fainted, and fell insensible on the floor. He was taken up and placed in bed, where he soon revived, and the next morning he was as well as ever. The same circumstance had occurred once before, a few years ago. Probably this was an instance of fatty heart; the organ not having sufficient force to propel the blood to the brain when the patient suddenly rose from the recumbent position and stood upright, syncope followed. Had not assistance been at hand, the man might have died.

MARCH 9th.—*Tumor of the Parotid Gland.*—Dr. H. J. Bigelow had requested Dr. JACKSON to exhibit a tumor removed from the parotid gland. The patient was a middle-aged woman, and the tumor of half a dozen years' growth. It had rapidly augmented of late, being now three or four inches in diameter. Dr. B. characterized it as a type species of a benign glandular tumor which had undergone cartilaginous transformation. The usual benign parotid tumor, imbedded in the gland from which it is easily dissected, is characterized by its slow growth, its salient outline and its knobbed contour. It often shows, on section, little cartilaginous spheres, like grains of sago cut across.

Dr. B. had, however, removed a number of these tumors, which had, like the present one, almost wholly undergone the enchondromatous change, being then soft, jelly-like and slimy on section; friable, easily tearing into lobules, like sago or tapioca in color, and so perishable that a day or two suffices for it to deliquesce if exposed to the air. The microscope shows various stages of enchondroma; a part hard, with well-defined cartilage corpuscles; other parts soft and jelly-like, with long filaments, and isolated, irregular corpuscles at intervals.

MARCH 9th.—*Sudden Death of an Infant without known Cause.*—Dr. CHEEVER reported the following case:—

An infant, 10 weeks old, apparently in perfect health, suddenly died while sleeping, and after having been asleep one and a half hours. There had been no struggle, and the face was not livid. On *post-mortem* examination, Dr. C. found no morbid appearances, except some serous

effusion in the ventricles and at the base of the brain; the latter organ was also somewhat congested. The thoracic organs were all healthy, and the larynx free of obstruction. An infant cousin of the child had died in a precisely similar manner. Dr. C. was unable to account for the death, unless the effusion might possibly have been accumulating insidiously for some time until it became sufficient to destroy life.

MARCH 9th.—*Median Fissure of the Lip.*—Dr. JEFFRIES WYMAN showed a cast of the head of an anencephalous foetus. The appearances presented by the cranium are such as are often met with in anencephalous foetuses, and in addition, the following appearances were noticed. The eyes were separated only by a very slight interval, so that the inner angles nearly touched. The lids having been arrested in an early stage of development, formed merely a narrow border, incapable of covering the globe. The nostrils were imperforate, though the nasal cavities were normally developed. The mouth was of a triangular shape, with a truncated apex; the upper lip consists of three portions, the right and left converging upwards, and a transverse portion above connecting them. In these particulars the fissure is unlike a lateral one, where the two sides of it converge to a point. There was a deep notch in the region of the incisive teeth, but no fissure in the roof of the mouth.

The inner orbital processes of the frontal bone had an unusual length; the nasal bones were wanting, and the ascending portions of the upper jaw met on the median line, and thus closing the nasal cavities above. The alveolar border of the upper jaw contained on each side four cavities for teeth, viz., two for molars, one for a canine and one for a lateral incisor, in all eight. The middle incisors were wanting, and their places occupied by the median notch. Behind each of the incisive alveoli are traces of the intermaxillary suture, but that on the right was most distinct.

A fissure in the upper lip, on the middle line, is quite rare. Leuckart, Vrolik and Von Ammon have each described one. The existence of it is admitted by Rokitansky, Meckel and others. Leuckart and Vrolik believe it to be dependent upon, and always co-existing with, a defect of the intermaxillary bone, which opinion is supported by the specimen here described, where the bone in question is partly wanting. —(See Vrolik *Tabulæ ad Illustrandum Embryogenum*—Amst., 1849. Tab. xxxiii., Fig. 7.)

In the close approximation of the eyes, in the absence of nasal bones, and in the partial deficiency of the intermaxillary bone, this specimen shows a tendency to cyclopism. In cyclopic monsters, in addition to the fusion of eyes and closure of nostrils, there is always absence of the intermaxillary.

The malformation here noticed is not, properly speaking, a fissure in the same sense that the lateral fissures are. There is naturally no fissure on the median line, in any stage of development, since the intermaxillary bud occupies the middle and is single, and never subdivided into two portions. If, however, the intermaxillary bud is not developed, the maxillary buds, as they push towards the middle, if they do not reach it, will leave an unoccupied space between them, which will account for the so-called fissure.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, APRIL 16, 1863.
 

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**IODIDE OF POTASSIUM AS A REMEDY FOR ANEURISM.**—The hopeless nature of internal aneurisms is such that any remedy which holds out the least hope of benefit will be eagerly taken up by the medical profession: and it is with this feeling that we write these lines on the use of iodide of potassium in such cases. Several years since, unless our memory deceives us, this remedy was spoken of by Velpeau as one in which he had much confidence in the treatment of aneurism. The subject was not spoken of at length, nothing was said of its *modus operandi*, and we have not seen it referred to again, or any cases in which it had been used reported, until our attention was attracted, a few days since, by an article upon it in the *Bulletin Général de Thérapeutique Médicale et Chirurgicale*, by Dr. Chuckerbutty, physician of the College of Calcutta. This gentleman seems to have been led to employ it by accident, and makes no mention of ever having seen it recommended by any one else. He gives a report of three cases of aortic aneurism treated by it with great benefit.

In the first of these cases the patient was harassed by a very obstinate cough, for which many remedies were tried without relief. At last iodide of potassium was administered, and from that moment the urgent symptoms of the aneurism were alleviated. The patient died a few months after, of an acute pulmonary affection, giving an opportunity for a *post-mortem* examination, when the aneurismal sac was found to be filled with a firm deposit of fibrin in the centre of which was a small canal for the passage of the blood. Dr. Chuckerbutty subsequently tried the remedy in two other bad cases with decided benefit; they were both fatal, however, being both very severe cases when the treatment was commenced. Of one of these he says:—

“Digitalis and hydrocyanic acid brought no relief. The iodide of potassium was prescribed, and from that moment there was a marked relief and improvement. The impulse became more feeble, the sounds more obscure, the thrill less; the swelling disappeared, the dilatation of the veins diminished, the dark color of the skin vanished, the pains of the head and arm, the dyspnoea, the dysphagia, the hoarseness of the voice, gradually improved. Finding himself much better, Collyer insisted on going out, in spite of my remonstrances, to pass the holidays of Noël with his family. He returned the following April with all his symptoms much aggravated. Especially had the tumor of the sub-clavicular region become much more voluminous and the pulsations much stronger. This time the iodide of potassium was ineffectual, and death put an end to his sufferings.”

Further on in the article, the author says:—

“Besides the preceding cases, I have had occasion to employ this drug in many other patients, of whom there is one under treatment in the wards at the present time, and always with the same favorable result. In this case, where there is unmistakable aneurism of the ascending aorta, improvement did not begin until the use of the iodide of potassium was commenced; and now his thoracic pains are relieved,

the tumor has diminished, the impulse is less hard, the abnormal *bruit* is more feeble, more dull, the dyspnoea has disappeared, the appetite is good, and the different functions are in a satisfactory condition."

The author sums up his remarks with the following conclusion:—

"It seems to result from these facts which I have related, that we have the consolidation of the aneurismal sac as the effect of the administration of the iodide of potassium, a result contrary to all our preconceived ideas of its action. Now as this is precisely the end for which we are striving in our treatment of intra-thoracic aneurisms, it will be admitted without hesitation, that if this remedy should always act in this way, it becomes an agent of immense value to us.

"It will not be overlooked also, that these experiments were tried in cases of extreme gravity, as well from their situation as on account of the advanced stage of the disease at which the treatment was begun. It is greatly to be desired, therefore, that they may be repeated in less severe cases, where, in consequence, the chances of success would be much greater. For the rest, it is in aneurisms of the extremities that we can best judge of the value of this treatment, since the phenomena are directly under the eye of the observer. Nothing prevents the combination of the two methods of treatment, the internal and the external. It would be of the greatest interest to watch the operation of the iodide of potassium in doing the work of facilitating and preparing the phenomenon of the coagulation of the blood contained in the aneurismal sac, to expedite the result of digital or alternating compression. If success should follow, as it is perhaps permitted us to hope, there would be good reason for adopting this method of treatment of aneurism of the great arterial trunks, and even of intra-thoracic aneurisms."

**DIPHTHERIA.** *Messrs. Editors,*—As diphtheria is prevalent throughout the country at the present time, and some are giving their experience with its variety of symptoms and treatment, I thought mine might be added to help make up the experience of all in that fatal disease. Although one succeeds better than another with the same remedy, I have tried about all that I have seen recommended, and have settled on the following treatment for the present, and I am having better success than with any other (nitrate of silver not excepted). I think more can be done with constitutional treatment than many will admit. From what I have seen of the disease and its treatment, I would rely as much on that as on the local—viz., brandy and quinine, from one to two grains of quinine and two to four drachms of brandy, with as much simple syrup once in two hours as the case demands. Previously to giving the above, a cathartic is generally advisable. External local treatment—salt pork, with capsicum, from ear to ear, also spts. terebinth.; gargles—muriatic acid one drachm, simple syrup two to four ounces, or chlorate of potash three drachms, simple syrup four ounces; and also a strong solution of chloride of sodium, which will cause a copious secretion in the mouth and throat, instead of drying it up, and which will relieve some of the most distressing symptoms and assist in throwing off the membrane. By the way, it is one of our best remedies for the sore throat that attends scarlet fever.

You will perceive that I use sugar in my prescriptions. I do so in all cases of sore throat, of whatever nature. I give it freely to chil-

dren. I think I have seen great benefit from it in many cases. I have been extremely fortunate for a few years in having mild cases under treatment, or I should not have been so successful. I have not lost one patient, where I used to lose many with nitrate of silver at sixty grains to the ounce.

THOS. H. CURRIE, M.D.

Webster, N. H., March 23d, 1863.

WARLIKE ASPECT OF MEDICINE.—The medical aspect of campaigning has assumed nearly its due importance in the American war. Enormous efforts have been made by the civil population to supplement the short-comings of the military departments, and by the aid of many hundred thousands of dollars subscribed by the energetic action of many scores of local and central committees, which the Government felt itself obliged to endow with official powers, the strain on the department was lightened. But the primary importance of sanitary precautions and the vast influence of sickness upon the efficiency of an army, were proved several times on an awful scale in the armies of the Potomac. At such times the army doctor rises into the position of dignity with which his high functions are properly invested; but in times of peace the military cliques who administer affairs, and who regard the medical officer with invincible *morgue*, monopolize every privilege for themselves. The contrast in times of peace and of war is very striking. When at the period of the Chinese war, and of the Canadian expedition, actual work was to be done, the public journals told, with interest which bespoke the importance of the matter, how admirable were the precautions which had been taken by the medical officers to ensure the health of the troops, and how greatly the efficiency of those expeditionary corps had been increased, compared with numerical returns of sickness to strength from former expeditions, by the excellent manner in which the medical officers had used their increased powers, and the zeal with which they had been animated by the recognition of their valuable services conveyed in the late War-rant. At that time the Military Medical Department had fallen into decay and disrepute in America. But now, when peace reigns here, and war rages across the Atlantic, the cases are reversed. While the Duke of Cambridge snubs the medical officers who seek redress for avowed grievances, General Butler, at New Orleans, in the last act of his career, and solemn justification of his deeds, refers to the sanitary precautions by which an army has been maintained in comparative health amidst malaria-swamps, and only saved from pestilence by wise medical regulations. The late Lord Herbert was the greatest benefactor of the army and medical service. He saw the destruction which a neglect of that service had entailed in the Crimea, and the impossibility of properly carrying on the department and of procuring efficient officers unless they were treated with courtesy and allowed due privileges. His death has been the signal for the revocation of his acts. On presiding at the meeting in honor of that nobleman's memory, the Duke of Cambridge omitted all reference to the great labors of the medical reformers, to whose principles and arguments Lord Herbert was able by his position to give the shape of action. That memorial has become a mere War-office job. Although avowedly for the encouragement of medical studies, only one medical officer, the distinguished head of the department, has been put on the list of the com-



mittee, while hundreds of military names crowded the list. We hear nothing yet of what has been done; and even in this purely professional matter the profession has been ignored. The difference between war and peace is great to all men; but to none more so than to the army medical officers.

The experience of the American war has confirmed that of nearly all campaigns, that soldiers are in far greater danger from the diseases incident to camp life than from the weapons of the enemy. There are many surprising facts illustrating this in the history of the English and French armies. The 92d English regiment lost more officers and men in four months from the climate of Jamaica than by the enemy in active war of twenty-two years, in which it was twenty-six times in battle. The French sent 309,268 officers and men to the Crimean war, of whom 200,000 were under medical treatment, 50,000 being for wounds, and 150,000 for diseases. Amongst these soldiers there were 69,229 deaths, of whom only 7500 were killed on the field of battle or not afterwards heard of, being eight deaths from other causes to one in battle. It is the deliberate opinion of Scriver, an intelligent investigator, that the losses occasioned by the most murderous battles do not equal one fourth of the total losses to which an army is ordinarily subjected.—*London Lancet*.

#### MEDICAL COMMENCEMENTS.

*Belleue College Hospital.*—The second annual commencement of this College was held recently in New York. Prof. Taylor administered the Hippocratic oath to the graduating class, 42 in number, who also received their degrees.

*The New York Medical College.*—The thirteenth annual commencement was celebrated on the 11th ult. Prof. Rafael, Dean of the Faculty, administered the Hippocratic oath to eleven graduates, who received the degree of M.D. from the President. Prof. Cox delivered the valedictory address, and Prof. J. V. C. Smith awarded the Van Arcken prizes.

*The New York Ophthalmic School and Hospital.*—The eleventh anniversary of this Institution was held on the 24th ult. Diplomas were presented by Dr. Stephenson to 16 graduates, who were addressed by Dr. M. P. Stephenson, one of the attending surgeons. The valedictory address on the part of the class was by Dr. A. E. Jenner, and the closing address by Dr. Garrish.

*The Wood Prizes.*—The anatomical preparations submitted for these prizes were examined on the 9th ult. by the Professors of Surgery and Anatomy of the several Medical Colleges in New York. The first prize of \$50 was awarded to Garabed Vartanyan, of Syria, Turkey, student in the University Medical College, for a beautiful dissection of the head and neck, showing the branches of the internal maxillary and all the profound arteries of the neck, as well as the superficial. The second prize was not awarded.

*Medical Department of the University of Buffalo, N. Y.*—The annual commencement exercises recently took place, and 24 gentlemen received the degree of M.D. The valedictory address was by Mr. Benj. B. Ross, and the charge to the graduates was delivered by Prof. Rochester. A supper was afterwards given by the Faculty at the American Hotel. A handsome set of instruments was presented to Prof.

Sandford Eastman, Dean of the Faculty, by his fellow-members of the Faculty, as a testimonial of their appreciation of his services in advancing the welfare of the school. Prof. Rochester's address is printed in full in the *Buffalo Medical Journal*. It is entitled the "Army Surgeon," and contains many interesting and instructive descriptions of the sanguinary scenes which many of our surgeons have been called to pass through.

*Medical Department of the University of Pennsylvania.*—At the annual commencement on the 14th of March last, the degree of M.D. was conferred on 78 candidates. The matriculants during the session numbered 319.

*Jefferson Medical College, Philadelphia.*—At the annual commencement held on the 10th of March last, the degree of M.D. was conferred on 82 candidates. The matriculants during the session were 275.

*University of Michigan.*—At the recent commencement 39 gentlemen received the degree of M.D., the matriculants numbering 250.

The number of graduates in the *Cincinnati College of Medicine and Surgery*, at the late commencement, was 25; *Medical College of Ohio*, 27; *Long Island College Hospital*, 11; *Starling Medical College*, of Columbus, Ohio, 36.

A SUBSCRIBER to the JOURNAL, in Vermont, in remitting his subscription, says—"I have taken the JOURNAL more than twenty years, and every number has come to hand."

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 11th, 1863.

##### DEATHS.

	Males.	Females.	Total
Deaths during the week	38	32	70
Ave. mortality of corresponding weeks for ten years, 1853-1863.	36.8	37.3	74.1
Average corrected to increased population	00	00	81.69
Death of persons above 90	0	1	1

##### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
9	4	3	7	1	0	0	0

BOOKS AND PAMPHLETS RECEIVED.—Brande and Taylor's Chemistry. Philadelphia, Blanchard & Lea. 1863. (From the publishers.)—Argument of Thomas C. Amory against the Metropolitan Police Bill.

JOURNALS RECEIVED.—The American Journal of the Medical Sciences. April, 1863.—The Dental Cosmos. April, 1863.—American Medical Times. Vol. vi., No. xv.—Journal de Medecine de Bordeaux. March, 1863.

DIED.—At Derry, N. H., Thursday, 9th inst., Dr. C. A. Davis, for many years the Superintendent of the U. S. Marine Hospital at Chelsea, until superseded by Dr. Graves, the present incumbent. He spent some time in Virginia last year during the Peninsular campaign, as a volunteer surgeon, returning in failing health, from which he never recovered.

DEATHS IN BOSTON for the week ending Saturday noon, April 11th, 70. Males, 38—Females, 32.—Accident, 3—aneurism (of the aorta), 1—apoplexy, 1—asthma, 1—Inflammation of the bowels, 2—Inflammation of the brain, 1—bronchitis, 1—consumption, 9—convulsions, 3—croup, 4—debility, 1—diarrhea, 2—dropsy of the brain, 7—dyspepsia, 1—erysipelas, 1—scarlet fever, 3—gun-shot wound, 1—disease of the heart, 1—homicide, 1—intemperance, 1—disease of the liver, 1—congestion of the lungs, 4—disease of the lungs, 1—Inflammation of the lungs, 7—marasmus, 1—malignant pustule, 1—old age, 1—puerperal disease, 2—rheumatism, 1—smallpox, 1—unknown, 4—whooping cough, 1.

Under 5 years of age, 31—between 5 and 20 years, 9—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 5. Born in the United States, 50—Ireland, 16—other places, 4.